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PTO/SB/01 (12-97)

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| | | |
|---|-------------------------------|--|
| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) | Attorney Docket Number | 236.7 |
| | First Named Inventor | Herold, J. |
| | COMPLETE IF KNOWN | |
| | Application Number | / |
| | Filing Date | |
| | Group Art Unit | |
| <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing | OR | <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) |
| | Examiner Name | |

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Eyewear Frame with Recessed Portion

the specification of which

(Title of the Invention)

☒ is attached hereto
OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | |
|-----------------------|--------------------------|--|
| | | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

| U.S. Parent Application or PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (if applicable) |
|--|---------------------------------|--------------------------------------|
| | | |

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

| Name | Registration Number | Name | Registration Number |
|-------------|---------------------|------|---------------------|
| Joseph Page | 35,311 | | |

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label ☐ OR ☒ Correspondence address below

| | | | | | |
|---------|----------------------|-----------|--------------|-----|--------------|
| Name | Page Lohr Associates | | | | |
| Address | P.O. Box 757 | | | | |
| Address | | | | | |
| City | La Jolla | State | CA | ZIP | 92038 |
| Country | US | Telephone | 619 702 4471 | Fax | 619 702 4538 |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

| Given Name (first and middle (if any)) | Family Name or Surname |
|--|------------------------|
| Jeffrey C. | Herold |

| | | | | | | | |
|----------------------|--------------------|-------|----------|---------|-------|-------------|----|
| Inventor's Signature | | Date | 10-10-00 | | | | |
| Residence: City | Huntington Bch | State | CA | Country | US | Citizenship | US |
| Post Office Address | 17811 Jamestown Ln | | | | | | |
| Post Office Address | | | | | | | |
| City | Huntington | State | CA | ZIP | 92647 | Country | US |

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → ☐

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| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) | Attorney Docket Number | 236.7 |
| | First Named Inventor | Herold, J. |
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| | Group Art Unit | |
| | Examiner Name | |

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I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Eyewear Frame with Recessed Portion

the specification of which (Title of the Invention)

☒ is attached hereto
OR
☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

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| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
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| | | | | YES | NO |
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| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| U.S. Parent Application or PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (if applicable) |
|--|---------------------------------|--------------------------------------|
| | | |

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☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

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| Name | Registration Number | Name | Registration Number |
|-------------|---------------------|------|---------------------|
| Joseph Page | 35,311 | | |

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Direct all correspondence to: ☒ Customer Number or Bar Code Label ☐ OR ☒ Correspondence address below

| | | | | | |
|---------|----------------------|-----------|--------------|-----|--------------|
| Name | Page Lohr Associates | | | | |
| Address | P.O. Box 757 | | | | |
| Address | | | | | |
| City | La Jolla | State | CA | ZIP | 92038 |
| Country | US | Telephone | 619 702 4471 | Fax | 619 702 4538 |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| | | | | | |
|--|--------------------|---|----|-------------|-------|
| Name of Sole or First Inventor: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name (first and middle (if any)) | | Family Name or Surname | | | |
| Jeffrey C. | | Herold | | | |
| Inventor's Signature | | | | Date | |
| Residence: City | Huntington Bch | State | CA | Country | US |
| | | | | Citizenship | US |
| Post Office Address | 17811 Jamestown Ln | | | | |
| Post Office Address | | | | | |
| City | Huntington | State | CA | ZIP | 92647 |
| | | | | Country | US |

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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PTO/SB/02A (3-97)
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

| | | | | | | | | |
|---|--|-----------------------|-------|--|---------|-------|-------------|----|
| Name of Additional Joint Inventor, if any: | | | | <input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor | | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | | |
| Brian | | | | Tostado | | | | |
| Inventor's Signature | | | | | Date | | | |
| Residence: City | | Irvine | State | CA | Country | US | Citizenship | US |
| Post Office Address | | 1929 Main Street 105B | | | | | | |
| Post Office Address | | | | | | | | |
| City | | Irvine | State | CA | ZIP | 92614 | Country | US |
| Name of Additional Joint Inventor, if any: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | | |
| | | | | | | | | |
| Inventor's Signature | | | | | Date | | | |
| Residence: City | | | State | | Country | | Citizenship | |
| Post Office Address | | | | | | | | |
| Post Office Address | | | | | | | | |
| City | | | State | | ZIP | | Country | |
| Name of Additional Joint Inventor, if any: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | | |
| | | | | | | | | |
| Inventor's Signature | | | | | Date | | | |
| Residence: City | | | State | | Country | | Citizenship | |
| Post Office Address | | | | | | | | |
| Post Office Address | | | | | | | | |
| City | | | State | | ZIP | | Country | |

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**STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(b))--INDEPENDENT INVENTOR**

Docket Number (Optional)

236.7

Applicant, Patentee, or Identifier: Herold, J., et al

Application or Patent No.: _____

Filed or Issued: Herewith

Title: Eyewear Frame with Recessed Portion

As a below named inventor, I hereby state that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:

- ☒ the specification filed herewith with title as listed above.
☐ the application identified above.
☐ the patent identified above.

I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☒ No such person, concern, or organization exists.
☐ Each such person, concern, or organization is listed below.

Separate statements are required from each named person, concern, or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

Jeffrey Herold

NAME OF INVENTOR

NAME OF INVENTOR

NAME OF INVENTOR

Jeffrey Herold
Signature of inventor

Signature of inventor

Signature of inventor

10-10-00
Date

Date

Date

**STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(b))--INDEPENDENT INVENTOR**

Docket Number (Optional)
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Jeffrey Herold

NAME OF INVENTOR

NAME OF INVENTOR

NAME OF INVENTOR

Signature of inventor

Signature of inventor

Signature of inventor

Date

Date

Date